

Facility Name _____

Long Term Care Facility COVID-19 Updating Report Form

This reporting form is intended to be used as a consecutive reporting tool to provide Public Health-Seattle & King County with updated information regarding the COVID-19 outbreak at your facility. This form should be submitted to your Public Health- Seattle & King County contact **every 3 days** via fax (206-296-4803) or email.

Facility Census: Total # Residents _____ Total # Employees: _____ (includes environmental/dietary/physical therapy/admin etc.).

[BOX 1] Date:				(Submit to Public Health 3 days after initial report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since initial report: _____				New ill staff since initial report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 2] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since initial report: _____				New ill staff since initial report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

Facility Name _____

[BOX 3] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since initial report: _____				New ill staff since initial report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 4] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 5] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

Facility Name _____

[BOX 6] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 7] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 8] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

Facility Name _____

[BOX 9] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 10] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 11] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

Facility Name _____

[BOX 12] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 13] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 14] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

Facility Name _____

[BOX 15] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 16] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 17] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

Facility Name _____

[BOX 18] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 19] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 20] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

Facility Name _____

[BOX 21] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 22] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 23] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

Facility Name _____

[BOX 24] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 25] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 26] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

Facility Name _____

[BOX 27] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 28] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			

[BOX 29] Date:				(Submit to Public Health 3 days after last report)			
Resident				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat): _____			
New ill residents since last report: _____				New ill staff since last report: _____			
# who visited ED:				# who visited ED:			
# hospitalized:				# hospitalized:			
# deceased: (Report names to Public Health)				# deceased: (Report names to Public Health)			
	Positive	Negative	Pending		Positive	Negative	Pending
COVID-19				COVID-19			
Influenza				Influenza			